



Complete Summary

GUIDELINE TITLE

Proctitis, proctocolitis, and enteritis. Sexually transmitted diseases treatment guidelines 2002.

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention. Proctitis, proctocolitis, and enteritis. Sexually transmitted diseases treatment guidelines. MMWR Recomm Rep 2002 May 10;51(RR-6):66-7.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Sexually transmitted proctitis, proctocolitis, and enteritis

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Gastroenterology
Infectious Diseases
Internal Medicine
Obstetrics and Gynecology
Preventive Medicine

INTENDED USERS

Health Care Providers
Managed Care Organizations
Physicians

GUIDELINE OBJECTIVE(S)

- To update the 1998 Guidelines for Treatment of Sexually Transmitted Diseases (MMWR 1998; 47[No. RR-1])
- To assist physicians and other health-care providers in preventing and treating sexually transmitted diseases (STDs)
- To present updated recommendations for the treatment of sexually transmitted proctitis, proctocolitis, and enteritis

TARGET POPULATION

Patients with suspected or documented acute sexually transmitted proctitis, proctocolitis, and enteritis

INTERVENTIONS AND PRACTICES CONSIDERED

Note from the National Guideline Clearinghouse and the Centers for Disease Control and Prevention: These guidelines focus on the treatment and counseling of individual patients and do not address other community services and interventions that are important in sexually transmitted disease/human immunodeficiency virus (STD/HIV) prevention.

Diagnosis

1. Evaluation of signs and symptoms (e.g., diarrhea, abdominal cramps, inflammation of the colonic mucosa, pain, tenesmus, rectal discharge)
2. Anoscopy
3. Sigmoidoscopy
4. Stool examination
5. Presence of polymorphonuclear leukocytes on anorectal secretions
6. Stool culture

Treatment/Management

1. Ceftriaxone (or other agent effect against rectal and genital gonorrhea) plus doxycycline
2. Follow-up care
3. Management of sex partners

MAJOR OUTCOMES CONSIDERED

- Microbiologic cure
- Alleviation of signs and symptoms
- Prevention of sequelae
- Prevention of transmission

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Subjective Review

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Beginning in 2000, Centers for Disease Control and Prevention (CDC) personnel and professionals knowledgeable in the field of sexually transmitted diseases (STDs) systematically reviewed literature (i.e., published abstracts and peer-reviewed journal articles) concerning each of the major STDs, focusing on information that had become available since publication of the 1998 Guidelines for Treatment of Sexually Transmitted Diseases. Background papers were written and tables of evidence constructed summarizing the type of study (e.g., randomized controlled trial or case series), study population and setting, treatments or other interventions, outcome measures assessed, reported findings, and weaknesses and biases in study design and analysis. A draft document was developed on the basis of the reviews.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Sexually transmitted gastrointestinal syndromes include proctitis, proctocolitis, and enteritis. Evaluation for these syndromes should include appropriate diagnostic procedures (e.g., anoscopy or sigmoidoscopy, stool examination, and culture).

Proctitis is inflammation limited to the rectum (the distal 10--12 cm) that may be associated with anorectal pain, tenesmus, or rectal discharge. *Neisseria gonorrhoeae*, *Chlamydia trachomatis* (including lymphogranuloma venereum [LGV] serovars), *Treponema pallidum*, and herpes simplex virus (HSV) are the most common sexually transmitted pathogens involved. In patients coinfecting with human immunodeficiency virus (HIV), herpes proctitis may be especially severe. Proctitis occurs predominantly among persons who participate in receptive anal intercourse.

Proctocolitis is associated with symptoms of proctitis plus diarrhea or abdominal cramps and inflammation of the colonic mucosa extending to 12 cm above the anus. Fecal leukocytes may be detected on stool examination depending on the pathogen. Pathogenic organisms include *Campylobacter* sp., *Shigella* sp., *Entamoeba histolytica*, and, rarely, lymphogranuloma venereum serovars of *Chlamydia trachomatis*. cytomegalovirus (CMV) or other opportunistic agents may be involved in immunosuppressed HIV-infected patients. Proctocolitis can be acquired by the oral route or by oral-fecal contact, depending on the pathogen.

Enteritis usually results in diarrhea and abdominal cramping without signs of proctitis or proctocolitis; it occurs among persons whose sexual practices include oral-fecal contact. In otherwise healthy persons, *Giardia lamblia* is most frequently implicated. When outbreaks of gastrointestinal illness occur among social or sexual networks of men who have sex with men (MSM), clinicians should consider sexual transmission as a mode of spread and counsel accordingly. Among HIV-infected patients, gastrointestinal illness can be caused by other infections that usually are not sexually transmitted, including cytomegalovirus, *Mycobacterium avium-intracellulare*, *Salmonella* sp., *Campylobacter* sp., *Shigella* sp., *Cryptosporidium*, *Microsporidium*, and *Isospora*. Multiple stool examinations may be necessary to detect *Giardia*, and special stool preparations are required to

diagnose cryptosporidiosis and microsporidiosis. Additionally, enteritis may be directly caused by HIV infection.

When laboratory diagnostic capabilities are available, treatment decisions should be based on the specific diagnosis. Diagnostic and treatment recommendations for all enteric infections are beyond the scope of these guidelines.

Treatment

Acute proctitis of recent onset among persons who have recently practiced receptive anal intercourse is usually sexually acquired. Such patients should be examined by anoscopy and should be evaluated for infection with herpes simplex virus, *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and *Treponema pallidum*. If an anorectal exudate is found on examination, or if polymorphonuclear leukocytes are found on a Gram-stained smear of anorectal secretions, the following therapy may be prescribed pending results of additional laboratory tests.

Recommended Regimen

Ceftriaxone 125 mg intramuscularly (IM) (or another agent effective against rectal and genital gonorrhea)

PLUS

Doxycycline 100 mg orally twice a day for 7 days.

NOTE : Patients with suspected or documented herpes proctitis should be managed in the same manner as those with genital herpes (see the National Guideline Clearinghouse [NGC] summary of the Centers for Disease Control and Prevention [CDC] guideline "[Human Papillomavirus Infection](#)"). If painful perianal ulcers are present or mucosal ulcers are seen on anoscopy, presumptive therapy should include a regimen for treating genital herpes.

Follow-Up

Follow-up should be based on specific etiology and severity of clinical symptoms. Reinfection may be difficult to distinguish from treatment failure.

Management of Sex Partners

Partners of patients with sexually transmitted enteric infections should be evaluated for any diseases diagnosed in the index patient.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

Throughout the 2002 guideline document, the evidence used as the basis for specific recommendations is discussed briefly. More comprehensive, annotated discussions of such evidence will appear in background papers that will be published in a supplement issue of the journal Clinical Infectious Diseases.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, management and treatment of patients who have acute proctitis, proctocolitis, and enteritis

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

These recommendations were developed in consultation with public- and private-sector professionals knowledgeable in the treatment of patients with sexually transmitted diseases (STDs). They are applicable to various patient-care settings, including family planning clinics, private physicians' offices, managed care organizations, and other primary-care facilities. When using these guidelines, the disease prevalence and other characteristics of the medical practice setting should be considered. These recommendations should be regarded as a source of clinical guidance and not as standards or inflexible rules. These guidelines focus on the treatment and counseling of individual patients and do not address other community services and interventions that are important in sexually transmitted disease/human immunodeficiency virus (STD/HIV) prevention.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IO M DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention. Proctitis, proctocolitis, and enteritis. Sexually transmitted diseases treatment guidelines. MMWR Recomm Rep 2002 May 10;51(RR-6):66-7.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1993 (revised 2002 May 10)

GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

GUIDELINE DEVELOPER COMMENT

These guidelines for the treatment of patients who have sexually transmitted diseases (STDs) were developed by the Centers for Disease Control and Prevention (CDC) after consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta on September 26--28, 2000.

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

The information in this report updates the "1998 Sexually Transmitted Diseases Treatment Guidelines" (MMWR 1998;47[No. RR-1]).

GUIDELINE AVAILABILITY

Electronic copies: Available from the Centers for Disease Control and Prevention (CDC) Web site:

- [HTML version](#)
- [Portable Document Format \(PDF\)](#)

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Workowski KA, Levine WC, Wasserheit JN. U.S. Centers for Disease Control and Prevention guidelines for the treatment of sexually transmitted diseases: an opportunity to unify clinical and public health practice. *Ann Intern Med*. 2002 Aug 20; 137(4):255-62. Electronic copies: Available through [Annals of Internal Medicine Online](#).
- Sexually Transmitted Diseases Treatment Guidelines 2002 for PDA or Palm OS. Available from the [CDC National Prevention Information Network \(NPIN\) Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on September 5, 2002.

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